

I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09249
157.m

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 1/2 hrs

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

3. (a) FULL NAME

Infant Bright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

-

6. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

Sept. 28, 1948

8. AGE:

Years	Months	Days	It less than one day
1		3 1/2 hrs.	min.

9. Birthplace

Prince Frederick, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John Bright

13. Birthplace Washington, D.C.

14. Maiden name Charlotte Johnson

15. Birthplace Mutual, Md.

16. Informant Charlotte Bright

Address Island Creek, Md.

17. Burial

Date thereof. 9-30-48
(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or crematory Brooks Chapel

Location Calvert

18. Funeral director P. E. Sewell

Address Prince Frederick, Md.

19. 9-30-1948
(Date rec'd by registrar)

19. 48

X W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Calvert

City or town Island Creek, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29

1948 at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 9/28 1948 to 1948

Immediate cause of death

Congenital

Due to (undetermined)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

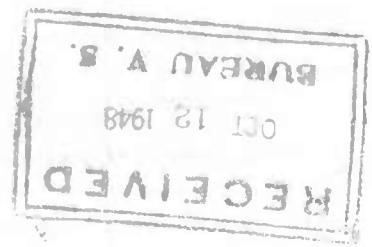
Means of injury

Injured at work?

23. SIGNATURE

H. S. WARD M. D. or other

Address Heribertus Lowrie Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09250

CERTIFICATE OF DEATH

51

Reg. Dist. No.

1. PLACE OF DEATH:

County

Calvert

City or town

Broomes Island

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

7 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Odie C. Buck

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Mary R. Buck

6. (c) If alive, give age .. years

7. Birth date of deceased (mo., day, yr.)

Apr. 2, 1887

8. AGE: Years

61

Months

5

Days

3

If less than one day

hrs.

min.

9. Birthplace

Calvert County, Md.

(Town, county, and state)

10. Usual occupation

Waitress

11. Industry or business

MOTHER FATHER

12. Name

Joseph Buck

13. Birthplace

Md.

14. Maiden name

Mary Elizabeth Catherston

15. Birthplace

Md.

16. Informant

Rodney Buck

Address

Broomes Island, Md.

17. Burial

Date thereof

Sept. 7, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or

Bromes Island

Location

Bromes Island, Md.

18. Funeral director

A. A. Starkie & Son

Address

Mutual, Md.

19. Date rec'd by registrar

9-7-48

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Broomes Island

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

920

3. (b) Social Security Number

214-20-2573

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 5, 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended decedent from

1948 to Sept. 5, 1948

and that I last saw h... alive on Sept. 5, 1948

Immediate cause of death

Respiratory failure -

Due to

Acidosis. -

Due to

Multiple sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

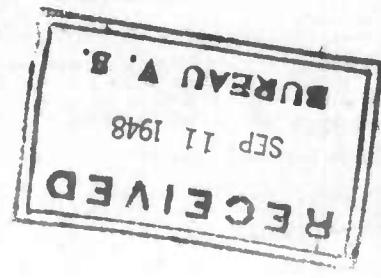
Injured at work?

23. SIGNATURE

M. D. or

S. L. Salaries

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1226
09251

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Owings

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

3. (a) FULL NAME

CATTERTON, (Husband) James S.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

About 1871

8. AGE:

Years

Months

Days

It less than one day

.... hrs. min.

9. Birthplace

Calvert Co., Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Frank Catterton

13. Birthplace Md

14. Maiden name Eliza Galt

15. Birthplace Md

16. Informant

Mrs. Odie Catterton

Address

Owings Md.

17. Burial

Date thereof Sept 12, 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Mt. Harmony Cem

Location

Mr. Owings Md.

18. Funeral director

W. H. Hutchins

Address

Owings, Md

Sept. 12, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Calvert

City or town Owings

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1948 at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to Sept. 8 1948 and that I last saw him alive on Sept. 8 1948.

Immediate cause of death

Arteriosclerotic Cardio-Vascular
Renal Disease

DURATION

years

Due to

Due to

Other conditions Same Passages

(Include pregnancy within 3 months of death)

Major findings of operations Partial resection

Date of op. Feb. 7 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE H.R. Brashears Jr. M.D. or other

Addressee Prince Frederick Md. Date signed Sept. 13, 48



~~M~~ PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

Evidenced for change of
birth date shown on:

HIM No. G 11 - SEP 30 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09252

61

51

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 daysHospital, Institution, or street address where death occurred:
Calvert County HospitalHow long in hospital or institution? 2 days

3. (a) FULL NAME

John Albert Curry

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Negro married6. (b) Name of husband or wife Martha Curry

7. Birth date of deceased

(mo., day, yr.) Nov. 9, 18806. (c) If alive, give age 59 years

deceased (mo., day, yr.)

Years Months Days If less than one day

67 18 10 2 hrs. min.8. AGE: 679. Birthplace Cove Point - Calvert Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Curry13. Birthplace Virginia14. Maiden name Bazal Genes15. Birthplace Maryland16. Informant Martha CurryAddress Cove Point, Md.17. Burial Burial Date thereof 9-16-48

(Burial, cremation, or removal. Which?)

Cemetery or crematory St. JohnsLocation Calvert18. Funeral director P. E. SewellAddress Prince Frederick, Md19. 9-9-1948 N. W. Ward(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Cove Point
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7 1948 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 18.

Immediate cause of death

Acute gangrene

Due to

Diabetes

Due to

Cardiac

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. De Jolaniot M. D. or other

Address _____ Date signed _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09253
52a

FILM No. G 117 SEP 21 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County

Calvert

City or town

Lower Marlboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

home

How long in hospital or institution?

3. (a) FULL NAME

Myrtle B. Gibson

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Loyal Gibson

6. (c) If alive, give age, years

57

7. Birth date of deceased (mo., day, yr.)

29 Sept 1892

8. AGE: Years Months Days If less than one day

55 11/11

hrs. min.

8. Birthplace

Lower Marlboro

(Town, county, and state)

10. Usual occupation

dw.

11. Industry or business

Hogue

12. Name

Dan J. Cox

13. Birthplace

29d

14. Maiden name

Sarah E. Ward

15. Birthplace

MD

16. Informant

Loyal Gibson

Address

Lower Marlboro

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Sept 15 1948

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Lower Marlboro MD

18. Funeral director

William H. Hutchins

Address

Owings MD

19. Sept. 13 1948

(Date rec'd by registrar)

Elsie M. Cox

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md.

County

Calvert

City or town

Lower Marlboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

9/12 1948 at 1/4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 Aug 1948 to 9/12 1948

and that I last saw her alive on *9/11 1948*.

Immediate cause of death

Ca of Malaria

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

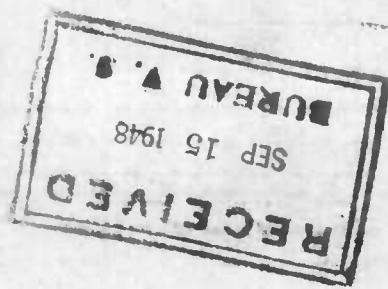
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

Hawthorne M. D. or other

Address *Hawthorne MD* Date signed *9/13/48*



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct page
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03254

CERTIFICATE OF DEATH

93d
Reg. Dist. No.

57

1. PLACE OF DEATH:

County

Calvert

City or town

Wallville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John F. Gross.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

m

C

X

6.(b) Name of husband or wife

Maggie A Gross.

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

12-12-1871

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation.

Farmer.

11. Industry or business

MOTHER FATHER

12. Name

William Gross.

13. Birthplace

Md.

14. Maiden name

Charlotte Johnson

15. Birthplace

Md.

16. Informant

Maggie A Gross.

Address

Wallville

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9-25-48

(month) (day) (year)

Cemetery or crematory

Brooks Chapel

Location

Calvert

18. Funeral director

P.T. Sewell

Address

Prince Frederick, Md.

19. Date rec'd by registrar

19-18

Howard

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Calvert

City or town

Wallville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

9-22 1948 12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 10. Sept 22 1948
and that I last saw him alive on Sept 22 1948

Immediate cause of death

Acidosis

Due to

Hypertension c.v.d.

Due to

Generalized arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(State)

Injured at home, farm, industry, public place (where?)

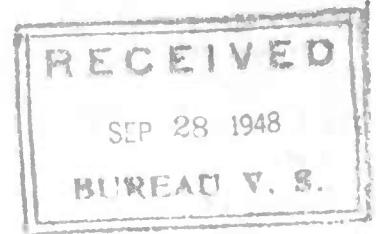
Means of injury

Injured at work?

23. SIGNATURE

Address

John S. Leonard, M.D. Date signed Sept 24 1948



I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09255
1700

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County..... Calvert Hospital
 City or town..... Prince Frederick Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert Co. Hospital

How long in hospital or institution?

3. (a) FULL NAME

Carroll Edward Hicks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

c

x

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 14, 1927

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Benjamin Hicks

13. Birthplace Md

14. Maiden name Laura Jacks

15. Birthplace Md

16. Informant

Benjamin Hicks

Address

Owings Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9-22-48
(month) (day) (year)

Cemetery or crematory

St. Johns

Location Calvert, Lower Marlboro

18. Funeral director

P. E. Sewell

Address

Prince Frederick Md

19. 9-21

1948

(Date rec'd by registrar)

H.W. Wurd

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Owings Md

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

218-24-1158

MEDICAL CERTIFICATION

24

20. DATE OF DEATH

9-20-1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18. 19. 19.

and that I last saw him alive on

19.

Immediate cause of death

Fractured skull

DURATION
4 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? Chancellorsville Calvert Md

City or town

County

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injury to self, accident, homicide, suicide, etc.

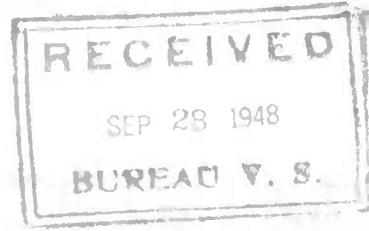
23. SIGNATURE

M. D. or other

Address

John C. Wurd

Date signed



~~Birth or Death~~
MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

A certificate must be filed within 24 hours for every stillbirth of 20 weeks gestation or more (see stub)

Reg. Dist. No. 51

1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF MOTHER:	
County <u>Carver</u> City or town <u>Prince Frederick</u> (If outside city or town limits, write RURAL and give nearest town)		State <u>Maryland</u> County <u>Carver</u> City or town <u>Browns Island</u> (If outside city or town limits, write RURAL and give nearest town)	
Street address, hospital, or institution: <u>Carver County Hospital</u>		Street No. (If RURAL give LOCATION)	
Length of mother's stay in County..... (How many years, or months, or days. SPECIFY WHICH)		4. Date of birth <u>Sept. 26</u> 19 <u>48</u> Hour M.	
3. Name of child.....		7. No. of weeks pregnancy.....	
5. Sex <u>Male</u> 6. Twin or triplet.....		MOTHER OF CHILD	
FATHER OF CHILD		12. Full maiden name <u>Maude Louise Fowler</u>	
8. Full name <u>James Briscoe Parks</u> 9. Color <u>white</u> 10. Age at time of this birth <u>34</u> yrs.		13. Color <u>white</u> 14. Age at time of this birth <u>26</u> yrs.	
11. Usual occupation <u>teacher</u>		15. Usual occupation <u>Housework</u>	
16. Other children born to mother (not including present child): (a) How many children of this mother are now living? <u>7</u> (b) How many other children were born alive but are now dead? <u>0</u> (c) How many other children were born dead? <u>0</u>		21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes	
17. Did child die before labor?, During labor?		22. I certify to the birth of this child who was born dead* on the date and hour above stated.	
18. Pregnancy, complications of		Signature <u>H. W. Hare</u> (Specify if M. D., midwife, or other)	
19. Labor: (a) Complications of, (b) Induced?		Address	
20. (a) Was there an operation for delivery?, (Yes or No) (b) State all operations, if any.....		25. (a) <u>9-27-48</u> (b) <u>H. W. Hare</u> (Date rec'd by registrar) (Registrar)	
(c) Did child die before operation?, During operation?		26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.	
23. (a) <u>Buried</u> (b) Date thereof <u>9-27-48</u> (Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory <u>Browns Island</u>		Health Officer, per	
24. (a) Funeral director <u>Briscoe Parks</u> (b) Address <u>Browns Island, Md.</u>			

* See Instruction C on stub.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09256

CERTIFICATE OF DEATH

159

Reg. Dist. No.

51

1. PLACE OF DEATH:

County

Salisbury

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days

Hospital, Institution, or street address where death occurred:

Salisbury Hospital

How long in hospital or institution?

5 days

3. (a) FULL NAME

WINGFIELD
George Halls Vand

(SMITH)

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

George Halls Vand

7. Birth date of deceased (mo., day, yr.)

Sept 15, 1848

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

5

hrs.

min.

9. Birthplace

Prince Frederick MD

(Town, County, and state)

10. Usual occupation

Restorer George Halls Vand Jr

11. Industry or business

MOTHER FATHER

12. Name

George Halls Vand Jr

13. Birthplace

Va

14. Maiden name

Heneretta Smith

15. Birthplace

Md

16. Informant

George Halls

Address

Orwings

17. Burial, cremation, or removal (which?)

Burial

Date thereof: Sept 21, 1848
(month) (day) (year)

Cemetery or crematory

Mt Hope

Location

Somers

18. Funeral director

R. Cornett

Address

Orwings

19. Date rec'd by registrar

Sept 20 40

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Salisbury

City or town

Orwings

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

9/20

1948 530 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

to

19...

and that I last saw h..... alive on

Immediate cause of death

Traumatism

DURATION

5 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard

Address

M. D. or other

Date signed 9/20/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09257

CERTIFICATE OF DEATH

83a
Reg. Dist. No. 52

1. PLACE OF DEATH:

County.....

Calvert

City or town.....

Primer Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 Days

Hospital, Institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

4 Days

3. (a) FULL NAME

Joseph Herbert Ward.

Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

married

6.(b) Name of husband or wife.....

Mrs Eva Ward.

7. Birth date of deceased (mo., day, yr.)

Aug 29, 1885

6.(c) If alive, give age..... years

54

8. AGE:

Years

Months

Days

If less than one day

63

27

hrs.

min.

9. Birthplace.....

Calvert Co Md

(Town, county, and state)

10. Usual occupation.....

Retired.

11. Industry or business

MOTHER FATHER

12. Name.....

Mr John C Ward

13. Birthplace.....

Md.

14. Maiden name.....

Miss Howard

15. Birthplace.....

16. Informant.....

Mrs Eva Ward

Address

Owings Md.

17. Burial.....

Burial Date thereof..... Sept 27/48

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Cemetery or crematory.....

Friendship Co

Location.....

Friendship Co

18. Funeral director.....

Wm H. Hutchins

Address

Owings Md.

19. (Date rec'd by registrar)

Sept 26, 1948 Grace & Hutchins

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Calvert

City or town.....

Owings Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

9/25

1948 at 4 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 Mar 1948 to 9/25 1948

and that I last saw him alive on 9/24 1948

1948

Immediate cause of death.....

Cerebral Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

H. H. W. M. D. or other

Address..... Huntington, Md. Date signed..... 1/24/48

